



# VERIFICATION OF EMPLOYMENT

State Form 44668 (R2 / 12-99)

PLEASE TYPE OR LETTER NEATLY

**NOTE:** All applicants complete the top half of form. A qualified individual must complete the bottom portion of form. **Please do not detach these forms.**

INDIANA STATE BOARD OF  
REGISTRATION FOR ARCHITECTS  
302 West Washington Street  
Room E034  
Indianapolis, IN 46204  
Telephone: 317-232-2980

## APPLICANT COMPLETE

1. Indiana file number (For office use only)										2. Name of applicant																
3. Current address (number and street, city, state, ZIP code)																										
4. Was / Is employed by the firm:																										
5. Firm address (number and street, city, state, ZIP code)																										
6. DATES OF EMPLOYMENT						7. LENGTH OF TIME				8. STATUS (Check one)				9. INDICATE % OF TIME SPENT IN EACH PRACTICE CATEGORY												
FROM			TO			FULL-TIME ✓	PART-TIME (Less than 35 hours per week)	HOURS/WEEK	PARTNER	CORP. DIRECTOR	EMPLOYEE	OTHER (EXPLAIN)	PROGRAMMING	SITE & ENVIRONMENTAL ANALYSIS	SCHEMATIC DESIGN	BUILDING COST ANALYSIS	CODE RESEARCH	DESIGN DEVELOPMENT	CONSTRUCTION DOCUMENTS	SPECS & MATERIALS RESEARCH	DOC. CHECKING & COORDINATION	BIDDING PROCEDURES	CONSTRUCTION PHASE - OFFICE	CONSTRUCTION PHASE - OBSERVATION	OFFICE PROCEDURES	TEACHING/RESEARCH
MO	DAY	YR	MO	DAY	YR																					
10. Does the firm or an affiliate of the firm engage in construction? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
11. Indicate services rendered by the firm: <input type="checkbox"/> Architecture <input type="checkbox"/> Planning <input type="checkbox"/> Other (explain on separate sheet) <input type="checkbox"/> Engineering <input type="checkbox"/> Interior Design / Contract Interiors <input type="checkbox"/> Real Estate Development <input type="checkbox"/> Construction Management																										
12. Position of supervisor <input type="checkbox"/> Registered Architect <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Planner <input type="checkbox"/> Registered Engineer <input type="checkbox"/> Interior Designer <input type="checkbox"/> Other (explain on separate sheet)																										

## APPLICANT'S AUTHORIZATION AND RELEASE (This release must be signed before sending the form for completion below)

I hereby authorize the BOARD to make inquiries of the person listed below with respect to my background and character. I invite full and complete response to all inquiries. I release said person from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the BOARD.

13. Signature of applicant	14. Date signed
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## SPONSOR COMPLETE

**This portion of the form must be completed by applicant's employer / supervisor at the referenced firm. Applicants must have this portion completed by their sponsor at the referenced firm.**

A. Are the dates of employment as shown in item 6 correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please clarify:														
B. Has the applicant worked under the direct supervision of the individual indicated in item 12 above? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please clarify:														
C. Are the experiences shown by the applicant in item 9 above correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please clarify:														
D. Indicate, to the best of your knowledge, the applicant's ability by placing an "X" in the appropriate spaces below. If unsatisfactory box is checked for technical competence or professional conduct, please submit a letter of explanation with this form.														
					<b>E. ON LATEST DATE OF EMPLOYMENT</b>					<b>F. ON DATE OF THIS REPLY</b>				
					EXCELLENT	SATIS-FACTORY	MARGINAL	UNSATIS-FACTORY	UNKNOWN	EXCELLENT	SATIS-FACTORY	MARGINAL	UNSATIS-FACTORY	UNKNOWN
TECHNICAL COMPETENCE														
PROFESSIONAL CONDUCT														
G. Name of person completing this half of form										H. Year(s)/state(s) of professional registration(s) (If none, indicate N/A)				
I. Position in firm named in item 4 above (or relationship to firm)										J. Name of current firm				
Address of current firm (number and street, city, state, ZIP code)														
K. Position in current firm														
L. Signature of sponsor										M. Date signed				

**Please complete each numbered or lettered item. Incomplete forms will be returned.**  
(Continued on the reverse side)

**NOTARIZATION**

I, \_\_\_\_\_ first being duly sworn on oath, say that I am the above named, that I have personally prepared this application, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed to Notary Public	County of residence	Date commission expires